DO NOT WRITE ON THIS TURN  AMENODO  Rev. 4/50  Bev. 4/5	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-014380											
No. 1960 No. 1975 No. 1962 No.	DO NOT WRITE		A 445 N	n'en	1	R	egistration District No. 47 Primary Registration District No. 3008 Registrar's No. 115 STATE FILE NUMBE	ER .				
VS 300 Rev. 4/59 September 19 S	ON THIS STUB				_	=	PLACE OF DEATH	idence before				
Control of Callaway Memorial Hospital No.   Control of Recast					1	•	a COUNTY A 3.7 A COUNTY					
Control of Callaway Memorial Hospital No.   Control of Recast	Rev. 4/59						b. CITY (If outside carporate limits, give TOWNSHIP only)  Length of stey in 1b  C. CITY  OR  F117 ton					
Control of Callaway Memorial Hospital No.   Control of Recast	10.140	¥			l							
3 ANARG OF BEESCASED First 12. ANARG OF SECRETAL STORY STATE (Types or princit) Nolan B. Atterberry Death May 4 1962  10	2	- 12					HOSPITAL OR					
Nolan B. Atterberry ORAN May 4 1962  5 / O O O O O O O O O O O O O O O O O O		20					<u> </u>	Year				
Male White White Development Discreted 7/8/1911 50 Month Days Hours Min Millored To County 1 12. CITIZEN OF WHAT COUNTRY WITTING TO COUNTY 12. CITIZEN OF WHAT COUNTRY WITTING TO COUNTRY WITTING	3											
SOUTH   SOUT	4 .0					5						
dwing.pgmid glocking [ite, wan if retired]    Table   Color Color	5 /					-16		_				
13a. FAITHER'S NAME  15a. BATHER'S NAME  15a.	6	8			<b>,                                    </b>	10						
13. WAS DECRESSED EVER IN U.S. ARMED FORCES?   10. SOCIAL SECURITY NO.   17. INFORMANT Address   18. SOCIAL SECURITY NO.   17. INFORMANT Address   18. No.	7 0	[6]				13	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	<u></u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but on related to the terminal part of injury in PART I of PART II of Item 18.)  YOUNG TO THE OF HOW MORK DEATH WAS CURSED BY DUE TO (c)  WAS AUTOPSY DO. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I of PART II of Item 18.)  YOUNG TO THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I of PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I of PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART I or PART II of Item 18.)  YOUNG THE OF HOW MORK DEATH WAS CURSED BY DESCRIBE HOW INJURY OCCUPTED. (Enter nature of Injury in PART II or PART II of Item 18.)  YOUNG THE OF HOW MAN COUNTY INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY INJURY OCCUPTED.  YOUNG THE OF HOW MAN C		[호]										
10 11 12 / - C 13 / - D  18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSE BY INTERNAL CAUSE (a)  11		-§				15 (Y	address  es, qo, or unknown) [ (If yes, give war or dates of service	on M				
IMMEDIATE CAUSE (a)    12 /- c   3/15   1   1   1   1   1   1   1   1   1		凝			늗	7	18. CAUSE OF DEATH (Enter only one cause per line)					
TO SET THE OF How Month, Day, Year PERFORMED YES IN NOT WHILE AT WORK   200. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   21. I attended the deceased from Death occurred at 22a. SIGNATURE  22a. SIGNATURE  22a. BURIAL FREMATION 23b. DATE SCONE (Secrity)  24 YES   May 1. I attended the deceased from Death occurred at 22b. Agorests   22b. Agorests   22c. Days signature   22b. Date Reco. By Local Ion (in, town, or county)   25b. Date Reco. By Local Ion May 1. I and the property of the period of the peri	10				MEN			Koelle				
WHITE AT WORK   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    201. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    201. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    201. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    201. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    201. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    201. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    201. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    202. INJURY OCCURRED   200. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE    203. BURIAL FREMATION, 23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. PLACE OF INJURY OCCURRED   20d. PLACE OF INJURY OCCURRED   20d. CATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. PLACE OF INJURY OCCURRED   20d. CATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. PLACE OF INJURY OCCURRED   20d. CATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. PLACE OF INJURY OCCURRED   20d. PLACE OF INJURY OCCURRED   20d. CATION (City, town, or county)   (Sate)   20d. PLACE OF INJURY OCCURRED   20d. PLACE O	11				S							
Signature   Sign	12/- 0				ŏ	ļ	which gave rise to					
NO STATE    PART   II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the ferminal disesting condition given in PART   (a)	331-0	III II		+	┆╏		stating the under-					
NOW SET TO SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURPED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)  10. WAS AUTOPSY PERFORMEDS PERFO		ĕ	H			Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If decased was					
TO SHE STATE    19. WAS AUTOPSY   20s. ACCIDENT   SUICIDE   HOMICIDE   20s. DESCRIBE HOW INJURY OCCUMED. (Enter nature of injury in PART I or PART II of Item 18.)    19. WAS AUTOPSY   20s. ACCIDENT   SUICIDE   HOMICIDE   20s. DESCRIBE HOW INJURY OCCUMED. (Enter nature of injury in PART I or PART II of Item 18.)    20s. TIME OF   How   Month, Day, Year   Injury (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION   COUNTY   STATE						CATE						
The state of the second from the causes stated.    20d.   INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE		AE I				<u> </u>	19. WAS AUTOPSY 208. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of	item 18.)				
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. I attended the deceased from peath occurred et m on the date stated above, and to the best of my knowledge, from the causes stated.  22e. SIGNATURE   Degree or title)   22b. ADDRESS   22c. DATE SIGNATURE   23d. LOCATION (City, town, or county)   (Sate)   23d. BURIAL GREMATION, ERMOYEL (Specify)   Burual   5/6/1962   Hillcrest Cemetery   Fulton Mo.   24. Funeral Director   ADDRESS   25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Maupin Funeral Home Fulton Mo.   May 7 - 1962   Martha Lawrence   Mar		2										
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, last saw her farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from Death occurred at month of the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE Degree or title)  22a. BURIAL FREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  23a. BURIAL FREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  Maupin Funeral Home Fulton Mo.  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 26. REGISTRAR'S SIGNATURE AD	LACK INK OR TER RIBBON	AM.				DIC	INJURY a.m.					
Death occurred at						¥		STATE				
22a. SIGNATURE  22a. SIGNATURE  22b. ADDRESS  22c. DAJE SIGNAE  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Burual  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  Maupin Funeral Home Fulton Mo.  May 7 - 1962  Martta							WHILE AT WORK   NOT WHILE AT WORK					
22a. SIGNATURE  22a. SIGNATURE  22b. ADDRESS  22c. DAJE SIGNAE  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Burual  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  Maupin Funeral Home Fulton Mo.  May 7 - 1962  Martta				ł			21. I attended the deceased from 1940, to 1961 and last saw him alive on Co 23/0	21				
236. BURIALI GREMATION, 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. TOCATION (City, fown, of county) (space)  BURUAL 5/6/1962 Hillcrest Cemetery Fulton Mo.  BURUAL 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Lawrence  Maupin Funeral Home Fulton Mo. May 7 - 1962 Maretta Lawrence	m × 8 ≦						Death occurred atm on the date stated above, and to the best of my knowledge, from the cause	is stated.				
236. BURIALI GREMATION, 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. IDEATION (City, fown, of county) (spate)  BURUAL 5/6/1962 Hillcrest Cemetery Fulton Mo.  BURUAL 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  Maupin Funeral Home Fulton Mo.  May 7 - 1962 Maretta Lawrence	rs F	[   <u>]</u>		-	៦			c. DATE SIGNED				
Maupin Funeral Home Fulton Mod May 7 - 1962 Maretta Lawrence	7	15			5	-02		Sale)				
Maupin Funeral Home Fulton Mod May 7 - 1962 Maretta Lawrence		è			FID/	13	Burnel 5/6/1962 Hillcrest Cemetery Fulton Mo.	· • •				
E Maupin Funeral Home Fulton Mos Thay 7 - 1962 (Carella) Lawrence		l S			/ AF	24	FUNERAL DIRECTOR ADDRESS 25. DATE RECU. ST LOCAL RES. 10. RESISTANT SONATORE					
B = A + A + A + A + A + A + A + A + A + A		=		1	á	_	(Licensed Embalmer's Statement on Reverse Side)	me				

. Bestall SM

S361 83 7962

## STATEMENT BY LICENSED EMBALMER

1 hei		•		of this certificate was embalmed by me,
or by	• •			, Student Embalmer No
working und	der my personal	supervision.	L	in M.
Student			Signed	c C forfre
	Signature o	f Student Embalmer	,	icensed Embalmer No. 3095
	•			O. Address fullon 170

Note: The above MUST BE-SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.